10/789,067

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U.S. Petert and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.									
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Doctor Mustiger 7		
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILE		JEO	MUMBER EXTRA		RATE	FEE	:	RATE	FEE
8ASIC FEE (37 CFR 1.18(N))						<u> </u>	OR		<u> </u>
TOTAL CLAIMS (37 CFR 1.16(d)) minus 20		n 20 °			x2		OR	× 5•	
(37 CFR 1.16(b)) minus 3 =			<u> </u>		X 8		OR	** <u></u> •	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(4))					+8		OŔ	٠٤	
* If the difference in column 1 is less than zero, enter "O" in column 2.					TOTAL		OR	TOTAL	
/ CHAIMS AS AMENDED - PART II									
57 27/05 (Column 1) (Column 2) (Column 3)				SMALL I	ENTITY .	QR	OTHER SMALL	THAN ENTITY	
	CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	RATE	ADDI-		RATE	ADC1
	AFTER MENDMENT	PR	PAID FOR	EXTRA		TIONAL FEE	,	7.5	TIONAL FEE
Total Order Correction	70 Min	TUS -	20	-8	x 4=		OR	x 8	
Z Independent *	2 1	1US	3	•	× a	X	OR	x s•	
FRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.1Rq))					1.		OR	+5	
					TOTAL ADOL FEE		OR	TOTAL ADD'L FEE	
9 /8/05 (Column 1) (Column 2) (Column 3)									
	CUAIMS REMAINING	1	HIGHEST NUMBER	PRESENT	RATE	ADDI-		RATE	ADD4
	AFTER MENOMENT	PR	REVIOUSLY PAID FOR	EXTRA		TIONAL FEE			TIONAL
Z Total Property of the control of t	9 Min	יי פעו	20	•	x 3		OR	x \$e	
independent of critical	Min	ius	3		x 8=		OR	x 8•	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.18(0))					+1		OR	+2	
1.10					TOTAL ADO'L FEE		OR	ADDL FEE	
5 (5 0 (Cotumn 1) (Cotumn 2) (Cotumn 3)									
	CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	RATE	,ADD+ /		RATE	ADOS-
	AFTER MENOMENT		REVIOUSLY PAID FOR	EXTRA		FEE			TIONAL FEE
Total CFC CFR 1,18(x)	4 Min	TUS -	2 U	* —	x &•		OR.	x 1	
Z trobspendent	2 Mir	NURS	3	. (x 8	X	OR	x 1 e	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.18(4))					+50	I / I	OR	.+ <u>s</u> =	
TOTAL ADD FEE OR ADD FEE									
If the entry in column 1 is less than the entry in column 2, write "o" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".									
"If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 3, enter "3". The "Michael Number Proviously Paid For" (Total or Independent) is the biotest number found in the appropriate box in column 1.									

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box is column 1.

This collection of information is required by 37 CFZ 1.16. The information is required to obtain or retin a benefit by the public which is to file (and by the USFTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and surbmitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form another suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and setact option 2.

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